Case 8-09-74046-reg Doc 1-4 Filed 06/03/09 Entered 06/03/09 10:52:19

B 22C (Official Form 22C) (Chapter 13) (01/08)

In re LIHUA AND MANUEL ARE	EBALO	According to the calculations required by this statement:
Debtor(s)		☐ The applicable commitment period is 3 years.
		☐ The applicable commitment period is 5 years.
Case Number:		Disposable income is determined under § 1325(b)(3).
(If known)		☐ Disposable income is not determined under § 1325(b)(3).
` ,		(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Part I. R	REPORT OF I	NCOME			
1	Marital/filing status. Check the box that applies and complete the balance of this part of this a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's						
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.					Column A Debtor's Income	Column B Spouse's Income
2	Gross	wages, salary, tips, bonuses, overtime, co	ommissions.			\$	\$
3	and en busine Do no	ne from the operation of a business, profester the difference in the appropriate column ess, profession or farm, enter aggregate num t enter a number less than zero. Do not included on Line b as a deduction in Part IV.	ne				
	a.	Gross receipts	\$				
	b.	Ordinary and necessary business expenses	es \$				
	c.	Business income	Subtract I	Line b from Line a		\$	\$
	in the	and other real property income. Subtract appropriate column(s) of Line 4. Do not en art of the operating expenses entered on I	nter a number less	than zero. Do not incl			
4	a.	Gross receipts	\$				
	b.	Ordinary and necessary operating expense	ses \$				
	c.	Rent and other real property income	Subtract I	Line b from Line a		\$	\$
5	Intere	est, dividends, and royalties.				\$	\$
6	Pensio	on and retirement income.				\$	\$
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. \$\$\$						
Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:							
		nployment compensation claimed to benefit under the Social Security Act Debt	otor \$	Spouse \$		\$	\$

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	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or					
9	payments					
	a.		\$			
	b.		\$	\$	\$	
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).					
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.					
		Part II. CALCULATION OF § 1325(b)(4) CO	MMITMENT I	PERIOD		
12	Enter th	e amount from Line 11.			\$	
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.					
	a.		\$			
	b.		\$			
	C.	Lantag on Line 12	\$		¢	
14	Total and enter on Line 13. Subtract Line 13 from Line 12 and enter the result.					
			. C. T. 14	1 1 1 10	\$	
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.				\$	
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at your used in available for from the clark of the bankruptcy.)					
	a. Enter o	debtor's state of residence: b. Enter debtor'	s household size:		\$	
	Applicat	ion of § 1325(b)(4). Check the applicable box and proceed as d	lirected.			
17		amount on Line 15 is less than the amount on Line 16. Checars" at the top of page 1 of this statement and continue with this		pplicable commitm	nent period is	
		Amount on Line 15 is not less than the amount on Line 16. Copyears" at the top of page 1 of this statement and continue with the		ne applicable comr	nitment period	
	Part II	I. APPLICATION OF § 1325(b)(3) FOR DETER	MINING DISPO	OSABLE INCO	OME	
18	Enter th	e amount from Line 11.			\$	

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19	of any of the income or the	al adjustment. If you are married income listed in Line 10, Colum debtor or the debtor's dependents at (such as payment of the spouse debtor's dependents) and the amount on a separate page. If the column	n B that was NOTs. Specify in the lift is tax liability or to bunt of income de	Γ paid ines be the spectrum.	on a regular basis for the low the basis for excluouse's support of person to each purpose. If necessity is not a support of person to each purpose.	he house ding the ns other cessary,	chold expenses Column B than the debtor list additional	
	c.	I in the second in the			\$			¢.
20		and enter on Line 19. nt monthly income for § 1325(l	(3). Subtract Li	ine 19	from Line 18 and enter	the resi	ılt.	\$
21	Annua	alized current monthly income ter the result.						\$
22	Applio	cable median family income. Er	ter the amount fr	om Li	ne 16.			\$
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determ under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. It complete Parts IV, V, or VI.						nt. e is not	
		<u> </u>	LATION OF	DED	OUCTIONS FROM	INCO	OME	
		Subpart A: Deductions u	ınder Standar	rds o	f the Internal Reve	enue So	ervice (IRS)	
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						\$	
	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out- of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out- of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household							
24B	the number under member	65, and enter the result in Line clars 65 and older, and enter the res	. Multiply Line a sult in Line c2. A					
24B	the number member amount	65, and enter the result in Line clars 65 and older, and enter the res	Multiply Line and Sult in Line c2. A	Add Li		a total h	ealth care	
24B	the number member amount	65, and enter the result in Line clars 65 and older, and enter the result, and enter the result in Line 241	Multiply Line as sult in Line c2. A3.	Add Li	nes c1 and c2 to obtain	a total h	ealth care	
24B	the numer under member amount	65, and enter the result in Line clers 65 and older, and enter the result, and enter the result in Line 24l sehold members under 65 years	Multiply Line as sult in Line c2. A3.	dd Li	nes c1 and c2 to obtain	a total h	ealth care	
24B	the numer member amount House a1.	65, and enter the result in Line clers 65 and older, and enter the result, and enter the result in Line 24l sehold members under 65 years Allowance per member	. Multiply Line a sult in Line c2. A 3.	Hous a2.	nes c1 and c2 to obtain ehold members 65 yea Allowance per membe	a total h	ealth care	\$

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4 Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. 25B IRS Housing and Utilities Standards; mortgage/rent expense b. Average Monthly Payment for any debts secured by your \$ home, if any, as stated in Line 47 Subtract Line b from Line a. Net mortgage/rental expense \$ Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below: 26 Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. \square 0 \square 1 \square 2 or more. 27A If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of \$ the bankruptcy court.) **Local Standards: transportation; additional public transportation expense.** If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" 27B amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) \square 1 \square 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from 28 Line a and enter the result in Line 28. Do not enter an amount less than zero. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 1, b. as stated in Line 47 Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a.

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		Standards: transportation ownership/lease expense; Vehicle 2. ed the "2 or more" Box in Line 28.	Complete this Line only if you			
29	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportati (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.					
	a.	IRS Transportation Standards, Ownership Costs	\$			
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$			
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$		
30	federa	Necessary Expenses: taxes. Enter the total average monthly expell, state, and local taxes, other than real estate and sales taxes, such a social-security taxes, and Medicare taxes. Do not include real estate	as income taxes, self-employment	\$		
Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.						
Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.						
Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.						
Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.						
Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.				\$		
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed					
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.					
38	Total	Expenses Allowed under IRS Standards. Enter the total of Lines	24 through 37.	\$		
		Subpart B: Additional Living Expen	se Deductions			
		_				

Note: Do not include any expenses that you have listed in Lines 24-37

	exper		ty Insurance, and Health Sa et out in lines a-c below that a				r
	a.	Health Insurance			\$	\neg	
39	b.	Disability Insurar	nce		\$		
	c.	Health Savings A			\$		
	<u> </u>	and enter on Line 39			1 7		
	-	u do not actually expo	end this total amount, state y	our actual to	otal average monthly	expenditures in the	\$
40	montl elderl	hly expenses that you v ly, chronically ill, or di	o the care of household or fa will continue to pay for the re- isabled member of your house nses. Do not include paymer	asonable and chold or men	I necessary care and aber of your immed	support of an	\$
41	actua	lly incur to maintain th	violence. Enter the total average safety of your family under a The nature of these expenses.	the Family	Violence Prevention	and Services Act or	- \$
42	Local provi	Standards for Housing de your case trustee	the total average monthly among and Utilities, that you actual with documentation of your med is reasonable and necessity.	lly expend for actual expe	or home energy cost	s. You must	\$
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary						\$
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional						\$
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in						\$
46	Total	Additional Expense	Deductions under § 707(b).	Enter the tot	al of Lines 39 throu	gh 45.	\$
			Subpart C: Deducti	ons for Do	ebt Payment		
	you o Paym total o filing	own, list the name of the nent, and check whether of all amounts schedul of the bankruptcy case	ed claims. For each of your decreditor, identify the proper or the payment includes taxes and as contractually due to each, divided by 60. If necessary, y Payments on Line 47.	ty securing to the securing to the secured Control of the securing the secu	he debt, state the A The Average Mon reditor in the 60 mo	verage Monthly thly Payment is the nths following the	
47		Name of Creditor	Property Securing the	Debt	Average Monthly Payment	Does payment include taxes or insurance?	
	a.				\$	☐ yes ☐ no	
	b.				\$	☐ yes ☐ no ☐ yes ☐ no	
					Total: Add Lines a, b, and c	,	\$
					,,	1	I ⁺

48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor						
				Total: Add Lines a, b, and c	\$		
49	as pri	ority tax, child support	iority claims. Enter the total amount, dividently and alimony claims, for which you were list obligations, such as those set out in Little	able at the time of your bankruptcy	\$		
		oter 13 administrative of ting administrative expensions.	expenses. Multiply the amount in Line a bynse.	the amount in Line b, and enter the			
	a. Projected average monthly chapter 13 plan payment. \$						
50	b.	schedules issued by the	your district as determined under e Executive Office for United States nation is available at www.usdoj.gov/ust/ e bankruptcy court.)	x			
	c.	Average monthly admi	inistrative expense of chapter 13 case	Total: Multiply Lines a and b	\$		
51	Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.						
			Subpart D: Total Deductions from	om Income			
52	Tota	l of all deductions from	income. Enter the total of Lines 38, 46, and	nd 51.	\$		
Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)							
53	Total current monthly income. Enter the amount from Line 20.						
Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.							
Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).							
56	Tota	of all deductions allow	ved under § 707(b)(2). Enter the amount	from Line 52.	\$		

Signature:

(Joint Debtor, if any)

Date: 05/01/2009